UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	HAND DELIVERED
1 D		LEGISLATIVE RESOURCE CENTED
Name: LAURA KICHARUSON Day	Daytime Telephone: ユロネーシュンー バシサ	Mary Country of the State of th
Filer X Member of the U.S. State: CAUFOLVIA	Officer or Employing Office:	A \$200 penalty shall be assessed
	Termination Date:	against anyone who tiles more than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF	OF THESE QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	receive any regating more Yes No X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	X reportable travel or rei period (worth more that if yes, complete and	I receive any n the reporting Yes X No
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	VIII. Did you hold any of filing in the current If yes, complete and	or before the date Yes X No
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	X Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	arrangement with Yes X No
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. No	X Each ques appropriate	tion in this part must be answered and the schedule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION		ANSWER EACH OF THESE QUESTIONS
TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	tandards of Official Conduct and certain other "excepted trusts" need not your spouse, or dependent child?	trusts" need not Yes No
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	me, transactions, or liabilities of a spouse or dependent child because nsulted with the Committee on Standards of Official Conduct.	child because Yes No X

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	efits received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Marylan	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
N/A		

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Column of the control of the second of the s	o IIIII g paonago:		
Source	Activity	Date	Amount
─ 1	Speech	Feb. 2, 2008	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2008	\$500
N/A			
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* NOT SELF DIRECTED	TRANSMONAL I	XEROX RETIREMENT ACCOUNT	* XEREX SAVINGS PLAN	* NATIONWINE RETREASENT SUMPORS	,	SP Mega Corp. Stock DC. Examples: Simon & Schuster	traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse; or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
	×	×	×	×	×	Indefinite X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	A B C D E F G H I J K L	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
	×	×	×	×	×	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS		Type of Inc Check all columns the retirement plans or account allow you to che investments, you may all other assets inclusionate the type of incidente appropriate Dividends and interessed, should be listed Check "None" if asset ate any income during of the control of the co
						Royalties	Other Type of Income (Specify: For Example, Partnership Income or R	Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
	×	×	×	×	×	Royalties X	Other Type of Income	Farm Income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income by checking the assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinterest,

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) DC, SP, \vdash Asset and/or Income Source BLOCK A ➣ None 00 \$1 - \$1,000O \$<u>1,001</u> - \$15,<u>000</u> Ū \$15,001 - \$50,000 Value of Asset m m \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C Type CAPITAL GAINS **EXCEPTED/BLIND TRUST** Name Other Type of Income (Specify) None \$1 - \$200 Amount of Income \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page_ Transaction BLOCK E σ, Q m 2

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SCHEDULE IV— TRANSACTIONS Name LAURA RICHARTSON Page_

PURCHASE Transaction Type											X/X	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	 	
Date Date														PURCHASE		of Tr	İ
Date				!	,						×		SALE		Type	1	
Si,001- Si,000 D Si,000,000 D														EXCHANGE		ction	
\$15,000 \$\times \tag{\frac{\text{\$15,001}{\text{\$50,000}}}{\text{\$00,000}}\$\$\times \text{\$\frac{\text{\$15,001}{\text{\$50,000}}}{\text{\$\frac{\text{\$50,000}}{\text{\$100,000}}}\$\$\text{\$\frac{\text{\$100,001}{\text{\$\text{\$\$\$}\$}\text{\$\text{\$\$\$}\$}\text{\$\text{\$\$00,001}}{\$\$\$\$\$\$\$\$\$\$\$\$\$\text{\$												10-12-08		or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date]
\$50,000									_						œ		1
\$100,000												×		\$15,00 1- \$50,000	ဂ		
\$25,000,000 \$25,000,001- \$50,000,000 Over												L		\$100,000	0	Am	
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SCHEDULE V— LIABILITIES

Name LAURA RICHARD SON Page

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business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

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			,		JT DC,	3	
			N/A	Example: First Bank of Wilmington, Delaware	Creditor		
				Mortgage on 123 Main St., Dover, Del.	Type of Liability		
					\$10,001- \$15,000	8	
<u></u>					\$15,001- \$50,000	ဂ	
					\$50,001- \$100,000	٥	
				×	\$100,001- \$250,000	ш	Amou
					\$250,001 \$500,000	71	int of
				_	\$500,001- \$1,000,000	G	Amount of Liability
					\$1,000,001- \$5,000,000	I	ŧν
					\$5,000,001 \$25,000,000 \$25,000,001		
	 				\$50,000,000		
<u> </u>	<u> </u>		<u> </u>		\$50,000,000	Χ.	Ц

SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

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Source	Example: Mr. Joseph H. Smith, Anytown, Anystate	7/*		
Description	Silver Platter (determination on personal friendship received from Committee on Standards)			
Value	\$345			

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	(Y/N Codging?	Food?	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	, ~	2 Days
CONGRESSIONAL BLACK CAMMUS	Aug. 14-17	BERMY SON -SM-SENERAL SON	Y	Y	Z	Nove
INDEPTURE - POLICY CONFERENCE						
Congressmal Zulice Christis	Je 4-7	DC - U.S. BANDS - DC	Y	~	Z	Now!
Foundation - Poucy Confedence		PAID AT MY OWN EXPE	NSE			
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SCHEDULE VIII—POSITIONS

Name LACRA RICHARDSON

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position		Name of Organization	
MANSON VARIOUM	UNCOMPENSATED	ACADELIC UP RISE	CA
Aprisoly Docker	UNCOMPENSAND	MILLER'S CHUPRENS HOSPITAL	A

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
10/1987	XEROX CONTARAMON	CONTINUATION OF PETILEHENT PLAN THAT I NO LONGER
		CONTRIBUTE TO.
1/2001	STATE OF CALIFORNIA	CONTINUATION OF PETREMENT JAN THAT I NO LOWER
		CONTRIBUTE TO.